

REQUEST FOR EXAMINATION (FY 2006/2007)

Mail To: Department of Consumer Affairs
Selection Services Unit
P. O. Box 980428
West Sacramento, CA 95798-0428
Or Deliver to: 1625 North Market, N321, Sacto,
CA 95834
ATTN: KC Groppe, Selection Services Manager

BOARD/BUREAU/DIVISION: _____

CONTACT PERSON: _____

PHONE #: _____

Classification (Examination) Title: _____

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No exams needed (return form to SSU).

Shaded Area
SSU use only

✓	Reason(s) for Exam Request	Anticipated # of Hires	Need List by	JUSTIFICATION (REQUIRED)	Current List Date	Active Eligibles on list
	Current vacancies					
	Anticipated vacancies					
	Program changes resulting in new positions					
	TAU or T&D expiration			Indicate expiration date: _____		
	Existing position reclassifications					
	No existing eligible list					
	Existing eligible list canvassed with no success			Approximate date of contacts: _____		
	Existing eligible list more than two years old and/or due to expire					

